

RETIREE GROUP INSURANCE RATES

20% Cost Share

Effective January 1, 2014

HEALTH PLANS	Non-Medicare			Medicare Only			Non-Medicare & Medicare Split ¹	
	Self	Self + 1	Family	Self	Self + 1	Family	Self + 1	Family
	20%	20%	20%	20%	20%	20%	20%	20%
MEDICAL:								
CareFirst High Option POS (medical only)	\$ 97.08	\$ 167.93	\$ 282.76	\$ 52.31	\$ 96.95	\$ 107.80	\$ 123.16	\$ 237.99
CareFirst Standard Option POS (medical only)	\$ 90.28	\$ 156.18	\$ 262.97	\$ 48.65	\$ 90.17	\$ 100.25	\$ 114.54	\$ 221.34
UnitedHealthcare Select HMO (medical only)	\$ 87.73	\$ 168.65	\$ 268.10	\$ 77.16	\$ 157.36	\$ 249.74	\$ 158.08	\$ 257.54
Kaiser HMO (medical with Rx)	\$ 102.93	\$ 193.51	\$ 304.68	\$ 64.49	\$ 128.99	\$ 193.48	\$ 155.08	\$ 266.24
CareFirst Indemnity (medical with Rx discount) ²	\$ 194.14	\$ 413.50	\$ 620.28	\$ 100.24	\$ 208.69	\$ 258.74	\$ 319.60	\$ 526.38
PRESCRIPTION:								
Caremark Standard Option \$10/\$20/\$35	\$ 25.67	\$ 47.48	\$ 73.58	\$ 31.76	\$ 63.51	\$ 95.27	\$ 53.57	\$ 79.67
Caremark High Option \$5/\$10	\$ 118.45	\$ 219.15	\$ 339.61	\$ 146.94	\$ 293.89	\$ 440.82	\$ 247.64	\$ 368.10
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 6.88	\$ 15.33	\$ 22.06	\$ 6.88	\$ 15.33	\$ 22.06	\$ 15.33	\$ 22.06
VISION:								
Opti-Vision Discount Plan	\$ 0.09	\$ 0.09	\$ 0.09	\$ 0.09	\$ 0.09	\$ 0.09	\$ 0.09	\$ 0.09

LIFE INSURANCE**		Optional Life Insurance per \$1,000 coverage	
Dependent Life Insurance		Age	100% Monthly Rates
\$2,000/\$1,000/\$100	\$0.150	<30	\$0.046
\$4,000/\$2,000/\$100	\$0.302	25-29	\$0.052
\$10,000/\$5,000/\$100	\$0.746	30-34	\$0.064
		35-39	\$0.070
		40-44	\$0.076
Basic Term Life Insurance		45-49	\$0.106
		50-54	\$0.155
		55-59	\$0.277
		60-64	\$0.417
		65-69	\$0.788
per \$1,000 coverage	\$0.074		

To determine your total monthly premium, enter the costs for each of your plans

Medical	\$ _____
Prescription	\$ _____
Dental	\$ _____
Vision	\$ _____
Basic Life ³	\$ _____
Dep Life ³	\$ _____
Opt Life ³	\$ _____
TOTAL	\$ <u>0.00</u>

1 Non-Medicare and Medicare Split rates apply when (at least) one member is Medicare eligible and (at least) one member is non-Medicare eligible. Proof of under age 65 Medicare is required.

2 Only available to retirees who are currently enrolled in the CareFirst BCBS Indemnity Plan (closed to new members). Prescription (Rx) plans (High and Standard Options) are not available to Indemnity Plan participants.

3 Basic Life only available to eligible retirees (not surviving dependents). Optional and Dependent Life insurance are only available to Retirees who had coverage as of the day prior to retirement. Optional and Dependent Life can only be maintained or cancelled completely.

RETIREE GROUP INSURANCE RATES

30% Cost Share

Effective January 1, 2014

HEALTH PLANS	Non-Medicare			Medicare Only			Non-Medicare & Medicare Split ¹	
	Self	Self + 1	Family	Self	Self + 1	Family	Self + 1	Family
	30%	30%	30%	30%	30%	30%	30%	30%
MEDICAL:								
CareFirst High Option POS (medical only)	\$ 145.62	\$ 251.90	\$ 424.15	\$ 78.46	\$ 145.42	\$ 161.69	\$ 184.74	\$ 356.99
CareFirst Standard Option POS (medical only)	\$ 135.42	\$ 234.26	\$ 394.46	\$ 72.97	\$ 135.25	\$ 150.38	\$ 171.81	\$ 332.01
UnitedHealthcare Select HMO (medical only)	\$ 131.59	\$ 252.97	\$ 402.15	\$ 115.74	\$ 236.05	\$ 374.62	\$ 237.12	\$ 386.30
Kaiser HMO (medical with Rx)	\$ 154.40	\$ 290.27	\$ 457.02	\$ 96.74	\$ 193.49	\$ 290.23	\$ 232.61	\$ 399.36
CareFirst Indemnity (medical with Rx discount) ²	\$ 291.21	\$ 620.25	\$ 930.43	\$ 150.36	\$ 313.03	\$ 388.11	\$ 479.40	\$ 789.57
PRESCRIPTION:								
Caremark Standard Option \$10/\$20/\$35	\$ 38.50	\$ 71.22	\$ 110.37	\$ 47.63	\$ 95.27	\$ 142.90	\$ 80.36	\$ 119.50
Caremark High Option \$5/\$10	\$ 131.28	\$ 242.89	\$ 376.40	\$ 162.81	\$ 325.65	\$ 488.45	\$ 274.43	\$ 407.93
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 10.32	\$ 23.00	\$ 33.09	\$ 10.32	\$ 23.00	\$ 33.09	\$ 23.00	\$ 33.09
VISION:								
Opti-Vision Discount Plan	\$ 0.14	\$ 0.14	\$ 0.14	\$ 0.14	\$ 0.14	\$ 0.14	\$ 0.14	\$ 0.14

LIFE INSURANCE**		Optional Life Insurance per \$1,000 coverage	
Dependent Life Insurance		Age	100% Monthly Rates
\$2,000/\$1,000/\$100	\$0.225	<30	\$0.046
\$4,000/\$2,000/\$100	\$0.452	25-29	\$0.052
\$10,000/\$5,000/\$100	\$1.119	30-34	\$0.064
		35-39	\$0.070
		40-44	\$0.076
Basic Term Life Insurance		45-49	\$0.106
		50-54	\$0.155
		55-59	\$0.277
		60-64	\$0.417
		65-69	\$0.788
per \$1,000 coverage	\$0.111		

To determine your total monthly premium, enter the costs for each of your plans

Medical	\$ _____
Prescription	\$ _____
Dental	\$ _____
Vision	\$ _____
Basic Life ³	\$ _____
Dep Life ³	\$ _____
Opt Life ³	\$ _____
TOTAL	\$ <u>0.00</u>

1 Non-Medicare and Medicare Split rates apply when (at least) one member is Medicare eligible and (at least) one member is non-Medicare eligible. Proof of under age 65 Medicare is required.

2 Only available to retirees who are currently enrolled in the CareFirst BCBS Indemnity Plan (closed to new members). Prescription (Rx) plans (High and Standard Options) are not available to Indemnity Plan participants.

3 Basic Life only available to eligible retirees (not surviving dependents). Optional and Dependent Life insurance are only available to Retirees who had coverage as of the day prior to retirement. Optional and Dependent Life can only be maintained or cancelled completely.

RETIREE GROUP INSURANCE RATES

32% Cost Share

Effective January 1, 2014

HEALTH PLANS	Non-Medicare			Medicare Only			Non-Medicare & Medicare Split ¹	
	Self	Self + 1	Family	Self	Self + 1	Family	Self + 1	Family
	32%	32%	32%	32%	32%	32%	32%	32%
MEDICAL:								
CareFirst High Option POS (medical only)	\$ 155.32	\$ 268.69	\$ 452.42	\$ 83.69	\$ 155.12	\$ 172.47	\$ 197.06	\$ 380.79
CareFirst Standard Option POS (medical only)	\$ 144.45	\$ 249.88	\$ 420.76	\$ 77.84	\$ 144.27	\$ 160.40	\$ 183.27	\$ 354.14
UnitedHealthcare Select HMO (medical only)	\$ 140.36	\$ 269.83	\$ 428.96	\$ 123.46	\$ 251.78	\$ 399.59	\$ 252.93	\$ 412.06
Kaiser HMO (medical with Rx)	\$ 164.69	\$ 309.62	\$ 487.49	\$ 103.19	\$ 206.38	\$ 309.57	\$ 248.12	\$ 425.99
CareFirst Indemnity (medical with Rx discount) ²	\$ 310.63	\$ 661.60	\$ 992.45	\$ 160.38	\$ 333.90	\$ 413.99	\$ 511.36	\$ 842.21
PRESCRIPTION:								
Caremark Standard Option \$10/\$20/\$35	\$ 41.07	\$ 75.97	\$ 117.72	\$ 50.81	\$ 101.62	\$ 152.43	\$ 85.71	\$ 127.47
Caremark High Option \$5/\$10	\$ 133.85	\$ 247.64	\$ 383.75	\$ 165.99	\$ 332.00	\$ 497.98	\$ 279.78	\$ 415.90
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 11.01	\$ 24.53	\$ 35.30	\$ 11.01	\$ 24.53	\$ 35.30	\$ 24.53	\$ 35.30
VISION:								
Opti-Vision Discount Plan	\$ 0.15	\$ 0.15	\$ 0.15	\$ 0.15	\$ 0.15	\$ 0.15	\$ 0.15	\$ 0.15

LIFE INSURANCE**		Optional Life Insurance per \$1,000 coverage	
Dependent Life Insurance		Age	100% Monthly Rates
\$2,000/\$1,000/\$100	\$0.240	<30	\$0.046
\$4,000/\$2,000/\$100	\$0.483	25-29	\$0.052
\$10,000/\$5,000/\$100	\$1.194	30-34	\$0.064
		35-39	\$0.070
		40-44	\$0.076
Basic Term Life Insurance		45-49	\$0.106
		50-54	\$0.155
		55-59	\$0.277
		60-64	\$0.417
		65-69	\$0.788

To determine your total monthly premium, enter the costs for each of your plans

Medical	\$ _____
Prescription	\$ _____
Dental	\$ _____
Vision	\$ _____
Basic Life ³	\$ _____
Dep Life ³	\$ _____
Opt Life ³	\$ _____
TOTAL	\$ 0.00

1 Non-Medicare and Medicare Split rates apply when (at least) one member is Medicare eligible and (at least) one member is non-Medicare eligible. Proof of under age 65 Medicare is required.

2 Only available to retirees who are currently enrolled in the CareFirst BCBS Indemnity Plan (closed to new members). Prescription (Rx) plans (High and Standard Options) are not available to Indemnity Plan participants.

3 Basic Life only available to eligible retirees (not surviving dependents). Optional and Dependent Life insurance are only available to Retirees who had coverage as of the day prior to retirement. Optional and Dependent Life can only be maintained or cancelled completely.

RETIREE GROUP INSURANCE RATES

34% Cost Share

Effective January 1, 2014

HEALTH PLANS	Non-Medicare			Medicare Only			Non-Medicare & Medicare Split ¹	
	Self	Self + 1	Family	Self	Self + 1	Family	Self + 1	Family
	34%	34%	34%	34%	34%	34%	34%	34%
MEDICAL:								
CareFirst High Option POS (medical only)	\$ 165.03	\$ 285.48	\$ 480.70	\$ 88.92	\$ 164.81	\$ 183.25	\$ 209.38	\$ 404.59
CareFirst Standard Option POS (medical only)	\$ 153.48	\$ 265.50	\$ 447.06	\$ 82.70	\$ 153.28	\$ 170.43	\$ 194.72	\$ 376.28
UnitedHealthcare Select HMO (medical only)	\$ 149.14	\$ 286.70	\$ 455.77	\$ 131.18	\$ 267.52	\$ 424.56	\$ 268.74	\$ 437.81
Kaiser HMO (medical with Rx)	\$ 174.98	\$ 328.97	\$ 517.96	\$ 109.64	\$ 219.28	\$ 328.92	\$ 263.63	\$ 452.61
CareFirst Indemnity (medical with Rx discount) ²	\$ 330.04	\$ 702.95	\$ 1,054.48	\$ 170.40	\$ 354.77	\$ 439.86	\$ 543.32	\$ 894.85
PRESCRIPTION:								
Caremark Standard Option \$10/\$20/\$35	\$ 43.63	\$ 80.72	\$ 125.08	\$ 53.99	\$ 107.97	\$ 161.96	\$ 91.07	\$ 135.44
Caremark High Option \$5/\$10	\$ 136.41	\$ 252.39	\$ 391.11	\$ 169.17	\$ 338.35	\$ 507.51	\$ 285.14	\$ 423.87
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 11.70	\$ 26.06	\$ 37.50	\$ 11.70	\$ 26.06	\$ 37.50	\$ 26.06	\$ 37.50
VISION:								
Opti-Vision Discount Plan	\$ 0.16	\$ 0.16	\$ 0.16	\$ 0.16	\$ 0.16	\$ 0.16	\$ 0.16	\$ 0.16

LIFE INSURANCE**		Optional Life Insurance per \$1,000 coverage	
Dependent Life Insurance		Age	100% Monthly Rates
\$2,000/\$1,000/\$100	\$0.255	<30	\$0.046
\$4,000/\$2,000/\$100	\$0.513	25-29	\$0.052
\$10,000/\$5,000/\$100	\$1.268	30-34	\$0.064
		35-39	\$0.070
		40-44	\$0.076
Basic Term Life Insurance		45-49	\$0.106
		50-54	\$0.155
		55-59	\$0.277
		60-64	\$0.417
		65-69	\$0.788
per \$1,000 coverage	\$0.125		

To determine your total monthly premium, enter the costs for each of your plans

Medical	\$ _____
Prescription	\$ _____
Dental	\$ _____
Vision	\$ _____
Basic Life ³	\$ _____
Dep Life ³	\$ _____
Opt Life ³	\$ _____
TOTAL	\$ <u>0.00</u>

1 Non-Medicare and Medicare Split rates apply when (at least) one member is Medicare eligible and (at least) one member is non-Medicare eligible. Proof of under age 65 Medicare is required.

2 Only available to retirees who are currently enrolled in the CareFirst BCBS Indemnity Plan (closed to new members). Prescription (Rx) plans (High and Standard Options) are not available to Indemnity Plan participants.

3 Basic Life only available to eligible retirees (not surviving dependents). Optional and Dependent Life insurance are only available to Retirees who had coverage as of the day prior to retirement. Optional and Dependent Life can only be maintained or cancelled completely.

RETIREE GROUP INSURANCE RATES

35% Cost Share

Effective January 1, 2014

HEALTH PLANS	Non-Medicare			Medicare Only			Non-Medicare & Medicare Split ¹	
	Self	Self + 1	Family	Self	Self + 1	Family	Self + 1	Family
	35%	35%	35%	35%	35%	35%	35%	35%
MEDICAL:								
CareFirst High Option POS (medical only)	\$ 169.89	\$ 293.88	\$ 494.84	\$ 91.54	\$ 169.66	\$ 188.64	\$ 215.53	\$ 416.49
CareFirst Standard Option POS (medical only)	\$ 157.99	\$ 273.31	\$ 460.20	\$ 85.13	\$ 157.79	\$ 175.44	\$ 200.45	\$ 387.35
UnitedHealthcare Select HMO (medical only)	\$ 153.52	\$ 295.13	\$ 469.18	\$ 135.03	\$ 275.39	\$ 437.05	\$ 276.64	\$ 450.69
Kaiser HMO (medical with Rx)	\$ 180.13	\$ 338.65	\$ 533.19	\$ 112.86	\$ 225.73	\$ 338.60	\$ 271.38	\$ 465.92
CareFirst Indemnity (medical with Rx discount) ²	\$ 339.75	\$ 723.63	\$ 1,085.50	\$ 175.42	\$ 365.20	\$ 452.80	\$ 559.30	\$ 921.17
PRESCRIPTION:								
Caremark Standard Option \$10/\$20/\$35	\$ 44.92	\$ 83.09	\$ 128.76	\$ 55.57	\$ 111.15	\$ 166.72	\$ 93.75	\$ 139.42
Caremark High Option \$5/\$10	\$ 137.70	\$ 254.76	\$ 394.79	\$ 170.75	\$ 341.53	\$ 512.27	\$ 287.82	\$ 427.85
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 12.04	\$ 26.83	\$ 38.61	\$ 12.04	\$ 26.83	\$ 38.61	\$ 26.83	\$ 38.61
VISION:								
Opti-Vision Discount Plan	\$ 0.16	\$ 0.16	\$ 0.16	\$ 0.16	\$ 0.16	\$ 0.16	\$ 0.16	\$ 0.16

LIFE INSURANCE**		Optional Life Insurance per \$1,000 coverage	
Dependent Life Insurance		Age	100% Monthly Rates
\$2,000/\$1,000/\$100	\$0.262	<30	\$0.046
\$4,000/\$2,000/\$100	\$0.528	25-29	\$0.052
\$10,000/\$5,000/\$100	\$1.306	30-34	\$0.064
		35-39	\$0.070
		40-44	\$0.076
Basic Term Life Insurance		45-49	\$0.106
		50-54	\$0.155
		55-59	\$0.277
		60-64	\$0.417
		65-69	\$0.788

To determine your total monthly premium, enter the costs for each of your plans

Medical	\$ _____
Prescription	\$ _____
Dental	\$ _____
Vision	\$ _____
Basic Life ³	\$ _____
Dep Life ³	\$ _____
Opt Life ³	\$ _____
TOTAL	\$ <u>0.00</u>

1 Non-Medicare and Medicare Split rates apply when (at least) one member is Medicare eligible and (at least) one member is non-Medicare eligible. Proof of under age 65 Medicare is required.

2 Only available to retirees who are currently enrolled in the CareFirst BCBS Indemnity Plan (closed to new members). Prescription (Rx) plans (High and Standard Options) are not available to Indemnity Plan participants.

3 Basic Life only available to eligible retirees (not surviving dependents). Optional and Dependent Life insurance are only available to Retirees who had coverage as of the day prior to retirement. Optional and Dependent Life can only be maintained or cancelled completely.

RETIREE GROUP INSURANCE RATES

36% Cost Share

Effective January 1, 2014

HEALTH PLANS	Non-Medicare			Medicare Only			Non-Medicare & Medicare Split ¹	
	Self	Self + 1	Family	Self	Self + 1	Family	Self + 1	Family
	36%	36%	36%	36%	36%	36%	36%	36%
MEDICAL:								
CareFirst High Option POS (medical only)	\$ 174.74	\$ 302.28	\$ 508.98	\$ 94.15	\$ 174.51	\$ 194.03	\$ 221.69	\$ 428.39
CareFirst Standard Option POS (medical only)	\$ 162.51	\$ 281.12	\$ 473.35	\$ 87.57	\$ 162.30	\$ 180.45	\$ 206.18	\$ 398.41
UnitedHealthcare Select HMO (medical only)	\$ 157.91	\$ 303.56	\$ 482.58	\$ 138.89	\$ 283.26	\$ 449.54	\$ 284.54	\$ 463.56
Kaiser HMO (medical with Rx)	\$ 185.28	\$ 348.33	\$ 548.42	\$ 116.09	\$ 232.18	\$ 348.27	\$ 279.14	\$ 479.24
CareFirst Indemnity (medical with Rx discount) ²	\$ 349.46	\$ 744.30	\$ 1,116.51	\$ 180.43	\$ 375.64	\$ 465.74	\$ 575.28	\$ 947.48
PRESCRIPTION:								
Caremark Standard Option \$10/\$20/\$35	\$ 46.20	\$ 85.46	\$ 132.44	\$ 57.16	\$ 114.32	\$ 171.48	\$ 96.43	\$ 143.40
Caremark High Option \$5/\$10	\$ 138.98	\$ 257.13	\$ 398.47	\$ 172.34	\$ 344.70	\$ 517.03	\$ 290.50	\$ 431.83
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 12.39	\$ 27.59	\$ 39.71	\$ 12.39	\$ 27.59	\$ 39.71	\$ 27.59	\$ 39.71
VISION:								
Opti-Vision Discount Plan	\$ 0.17	\$ 0.17	\$ 0.17	\$ 0.17	\$ 0.17	\$ 0.17	\$ 0.17	\$ 0.17

LIFE INSURANCE**		Optional Life Insurance per \$1,000 coverage	
Dependent Life Insurance		Age	100% Monthly Rates
\$2,000/\$1,000/\$100	\$0.270	<30	\$0.046
\$4,000/\$2,000/\$100	\$0.543	25-29	\$0.052
\$10,000/\$5,000/\$100	\$1.343	30-34	\$0.064
		35-39	\$0.070
		40-44	\$0.076
Basic Term Life Insurance		45-49	\$0.106
		50-54	\$0.155
		55-59	\$0.277
		60-64	\$0.417
		65-69	\$0.788
per \$1,000 coverage	\$0.133		

To determine your total monthly premium, enter the costs for each of your plans

Medical	\$ _____
Prescription	\$ _____
Dental	\$ _____
Vision	\$ _____
Basic Life ³	\$ _____
Dep Life ³	\$ _____
Opt Life ³	\$ _____
TOTAL	\$ <u>0.00</u>

1 Non-Medicare and Medicare Split rates apply when (at least) one member is Medicare eligible and (at least) one member is non-Medicare eligible. Proof of under age 65 Medicare is required.

2 Only available to retirees who are currently enrolled in the CareFirst BCBS Indemnity Plan (closed to new members). Prescription (Rx) plans (High and Standard Options) are not available to Indemnity Plan participants.

3 Basic Life only available to eligible retirees (not surviving dependents). Optional and Dependent Life insurance are only available to Retirees who had coverage as of the day prior to retirement. Optional and Dependent Life can only be maintained or cancelled completely.

RETIREE GROUP INSURANCE RATES

38% Cost Share

Effective January 1, 2014

HEALTH PLANS	Non-Medicare			Medicare Only			Non-Medicare & Medicare Split ¹	
	Self	Self + 1	Family	Self	Self + 1	Family	Self + 1	Family
	38%	38%	38%	38%	38%	38%	38%	38%
MEDICAL:								
CareFirst High Option POS (medical only)	\$ 184.45	\$ 319.07	\$ 537.25	\$ 99.39	\$ 184.20	\$ 204.81	\$ 234.01	\$ 452.19
CareFirst Standard Option POS (medical only)	\$ 171.54	\$ 296.73	\$ 499.65	\$ 92.43	\$ 171.32	\$ 190.48	\$ 217.63	\$ 420.55
UnitedHealthcare Select HMO (medical only)	\$ 166.68	\$ 320.43	\$ 509.39	\$ 146.61	\$ 298.99	\$ 474.51	\$ 300.35	\$ 489.32
Kaiser HMO (medical with Rx)	\$ 195.57	\$ 367.68	\$ 578.89	\$ 122.54	\$ 245.08	\$ 367.62	\$ 294.64	\$ 505.86
CareFirst Indemnity (medical with Rx discount) ²	\$ 368.87	\$ 785.65	\$ 1,178.54	\$ 190.45	\$ 396.51	\$ 491.61	\$ 607.24	\$ 1,000.12
PRESCRIPTION:								
Caremark Standard Option \$10/\$20/\$35	\$ 48.77	\$ 90.21	\$ 139.80	\$ 60.34	\$ 120.67	\$ 181.01	\$ 101.78	\$ 151.37
Caremark High Option \$5/\$10	\$ 141.55	\$ 261.88	\$ 405.83	\$ 175.52	\$ 351.05	\$ 526.56	\$ 295.85	\$ 439.80
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 13.08	\$ 29.13	\$ 41.91	\$ 13.08	\$ 29.13	\$ 41.91	\$ 29.13	\$ 41.91
VISION:								
Opti-Vision Discount Plan	\$ 0.17	\$ 0.17	\$ 0.17	\$ 0.17	\$ 0.17	\$ 0.17	\$ 0.17	\$ 0.17

LIFE INSURANCE**		Optional Life Insurance per \$1,000 coverage	
Dependent Life Insurance		Age	100% Monthly Rates
\$2,000/\$1,000/\$100	\$0.285	<30	\$0.046
\$4,000/\$2,000/\$100	\$0.573	25-29	\$0.052
\$10,000/\$5,000/\$100	\$1.417	30-34	\$0.064
		35-39	\$0.070
		40-44	\$0.076
Basic Term Life Insurance		45-49	\$0.106
		50-54	\$0.155
		55-59	\$0.277
		60-64	\$0.417
		65-69	\$0.788
per \$1,000 coverage	\$0.140		

To determine your total monthly premium, enter the costs for each of your plans

Medical	\$ _____
Prescription	\$ _____
Dental	\$ _____
Vision	\$ _____
Basic Life ³	\$ _____
Dep Life ³	\$ _____
Opt Life ³	\$ _____
TOTAL	\$ <u>0.00</u>

1 Non-Medicare and Medicare Split rates apply when (at least) one member is Medicare eligible and (at least) one member is non-Medicare eligible. Proof of under age 65 Medicare is required.

2 Only available to retirees who are currently enrolled in the CareFirst BCBS Indemnity Plan (closed to new members). Prescription (Rx) plans (High and Standard Options) are not available to Indemnity Plan participants.

3 Basic Life only available to eligible retirees (not surviving dependents). Optional and Dependent Life insurance are only available to Retirees who had coverage as of the day prior to retirement. Optional and Dependent Life can only be maintained or cancelled completely.

RETIREE GROUP INSURANCE RATES

40% Cost Share

Effective January 1, 2014

HEALTH PLANS	Non-Medicare			Medicare Only			Non-Medicare & Medicare Split ¹	
	Self	Self + 1	Family	Self	Self + 1	Family	Self + 1	Family
	40%	40%	40%	40%	40%	40%	40%	40%
MEDICAL:								
CareFirst High Option POS (medical only)	\$ 194.16	\$ 335.86	\$ 565.53	\$ 104.62	\$ 193.90	\$ 215.59	\$ 246.32	\$ 475.99
CareFirst Standard Option POS (medical only)	\$ 180.56	\$ 312.35	\$ 525.95	\$ 97.30	\$ 180.33	\$ 200.50	\$ 229.08	\$ 442.68
UnitedHealthcare Select HMO (medical only)	\$ 175.46	\$ 337.29	\$ 536.20	\$ 154.32	\$ 314.73	\$ 499.49	\$ 316.16	\$ 515.07
Kaiser HMO (medical with Rx)	\$ 205.86	\$ 387.03	\$ 609.36	\$ 128.99	\$ 257.98	\$ 386.97	\$ 310.15	\$ 532.48
CareFirst Indemnity (medical with Rx discount) ²	\$ 388.28	\$ 827.00	\$ 1,240.57	\$ 200.48	\$ 417.38	\$ 517.48	\$ 639.20	\$ 1,052.76
PRESCRIPTION:								
Caremark Standard Option \$10/\$20/\$35	\$ 51.33	\$ 94.96	\$ 147.16	\$ 63.51	\$ 127.02	\$ 190.54	\$ 107.14	\$ 159.34
Caremark High Option \$5/\$10	\$ 144.11	\$ 266.63	\$ 413.19	\$ 178.69	\$ 357.40	\$ 536.09	\$ 301.21	\$ 447.77
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 13.76	\$ 30.66	\$ 44.12	\$ 13.76	\$ 30.66	\$ 44.12	\$ 30.66	\$ 44.12
VISION:								
Opti-Vision Discount Plan	\$ 0.18	\$ 0.18	\$ 0.18	\$ 0.18	\$ 0.18	\$ 0.18	\$ 0.18	\$ 0.18

LIFE INSURANCE**		Optional Life Insurance per \$1,000 coverage	
Dependent Life Insurance		Age	100% Monthly Rates
\$2,000/\$1,000/\$100	\$0.300	<30	\$0.046
\$4,000/\$2,000/\$100	\$0.603	25-29	\$0.052
\$10,000/\$5,000/\$100	\$1.492	30-34	\$0.064
		35-39	\$0.070
		40-44	\$0.076
Basic Term Life Insurance		45-49	\$0.106
		50-54	\$0.155
		55-59	\$0.277
		60-64	\$0.417
		65-69	\$0.788
per \$1,000 coverage	\$0.148		

To determine your total monthly premium, enter the costs for each of your plans

Medical	\$ _____
Prescription	\$ _____
Dental	\$ _____
Vision	\$ _____
Basic Life ³	\$ _____
Dep Life ³	\$ _____
Opt Life ³	\$ _____
TOTAL	\$ <u>0.00</u>

1 Non-Medicare and Medicare Split rates apply when (at least) one member is Medicare eligible and (at least) one member is non-Medicare eligible. Proof of under age 65 Medicare is required.

2 Only available to retirees who are currently enrolled in the CareFirst BCBS Indemnity Plan (closed to new members). Prescription (Rx) plans (High and Standard Options) are not available to Indemnity Plan participants.

3 Basic Life only available to eligible retirees (not surviving dependents). Optional and Dependent Life insurance are only available to Retirees who had coverage as of the day prior to retirement. Optional and Dependent Life can only be maintained or cancelled completely.

RETIREE GROUP INSURANCE RATES

42% Cost Share

Effective January 1, 2014

HEALTH PLANS	Non-Medicare			Medicare Only			Non-Medicare & Medicare Split ¹	
	Self	Self + 1	Family	Self	Self + 1	Family	Self + 1	Family
	42%	42%	42%	42%	42%	42%	42%	42%
MEDICAL:								
CareFirst High Option POS (medical only)	\$ 203.86	\$ 352.66	\$ 593.80	\$ 109.85	\$ 203.59	\$ 226.37	\$ 258.64	\$ 499.79
CareFirst Standard Option POS (medical only)	\$ 189.59	\$ 327.97	\$ 552.25	\$ 102.16	\$ 189.35	\$ 210.53	\$ 240.54	\$ 464.81
UnitedHealthcare Select HMO (medical only)	\$ 184.23	\$ 354.16	\$ 563.01	\$ 162.04	\$ 330.46	\$ 524.46	\$ 331.97	\$ 540.83
Kaiser HMO (medical with Rx)	\$ 216.16	\$ 406.38	\$ 639.83	\$ 135.44	\$ 270.88	\$ 406.32	\$ 325.66	\$ 559.11
CareFirst Indemnity (medical with Rx discount) ²	\$ 407.70	\$ 868.35	\$ 1,302.60	\$ 210.50	\$ 438.24	\$ 543.36	\$ 671.16	\$ 1,105.40
PRESCRIPTION:								
Caremark Standard Option \$10/\$20/\$35	\$ 53.90	\$ 99.71	\$ 154.51	\$ 66.69	\$ 133.38	\$ 200.06	\$ 112.50	\$ 167.30
Caremark High Option \$5/\$10	\$ 146.68	\$ 271.38	\$ 420.54	\$ 181.87	\$ 363.76	\$ 545.61	\$ 306.57	\$ 455.73
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 14.45	\$ 32.19	\$ 46.33	\$ 14.45	\$ 32.19	\$ 46.33	\$ 32.19	\$ 46.33
VISION:								
Opti-Vision Discount Plan	\$ 0.19	\$ 0.19	\$ 0.19	\$ 0.19	\$ 0.19	\$ 0.19	\$ 0.19	\$ 0.19

LIFE INSURANCE**		Optional Life Insurance per \$1,000 coverage	
Dependent Life Insurance		Age	100% Monthly Rates
\$2,000/\$1,000/\$100	\$0.315	<30	\$0.046
\$4,000/\$2,000/\$100	\$0.633	25-29	\$0.052
\$10,000/\$5,000/\$100	\$1.567	30-34	\$0.064
		35-39	\$0.070
		40-44	\$0.076
Basic Term Life Insurance		45-49	\$0.106
		50-54	\$0.155
		55-59	\$0.277
		60-64	\$0.417
		65-69	\$0.788
per \$1,000 coverage	\$0.155		

To determine your total monthly premium, enter the costs for each of your plans

Medical	\$ _____
Prescription	\$ _____
Dental	\$ _____
Vision	\$ _____
Basic Life ³	\$ _____
Dep Life ³	\$ _____
Opt Life ³	\$ _____
TOTAL	\$ <u>0.00</u>

1 Non-Medicare and Medicare Split rates apply when (at least) one member is Medicare eligible and (at least) one member is non-Medicare eligible. Proof of under age 65 Medicare is required.

2 Only available to retirees who are currently enrolled in the CareFirst BCBS Indemnity Plan (closed to new members). Prescription (Rx) plans (High and Standard Options) are not available to Indemnity Plan participants.

3 Basic Life only available to eligible retirees (not surviving dependents). Optional and Dependent Life insurance are only available to Retirees who had coverage as of the day prior to retirement. Optional and Dependent Life can only be maintained or cancelled completely.

RETIREE GROUP INSURANCE RATES

44% Cost Share

Effective January 1, 2014

HEALTH PLANS	Non-Medicare			Medicare Only			Non-Medicare & Medicare Split ¹	
	Self	Self + 1	Family	Self	Self + 1	Family	Self + 1	Family
	44%	44%	44%	44%	44%	44%	44%	44%
MEDICAL:								
CareFirst High Option POS (medical only)	\$ 213.57	\$ 369.45	\$ 622.08	\$ 115.08	\$ 213.29	\$ 237.15	\$ 270.96	\$ 523.59
CareFirst Standard Option POS (medical only)	\$ 198.62	\$ 343.59	\$ 578.54	\$ 107.03	\$ 198.37	\$ 220.55	\$ 251.99	\$ 486.95
UnitedHealthcare Select HMO (medical only)	\$ 193.00	\$ 371.02	\$ 589.82	\$ 169.76	\$ 346.20	\$ 549.44	\$ 347.78	\$ 566.58
Kaiser HMO (medical with Rx)	\$ 226.45	\$ 425.73	\$ 670.30	\$ 141.89	\$ 283.78	\$ 425.66	\$ 341.17	\$ 585.73
CareFirst Indemnity (medical with Rx discount) ²	\$ 427.11	\$ 909.70	\$ 1,364.62	\$ 220.52	\$ 459.11	\$ 569.23	\$ 703.12	\$ 1,158.04
PRESCRIPTION:								
Caremark Standard Option \$10/\$20/\$35	\$ 56.47	\$ 104.46	\$ 161.87	\$ 69.86	\$ 139.73	\$ 209.59	\$ 117.85	\$ 175.27
Caremark High Option \$5/\$10	\$ 149.25	\$ 276.13	\$ 427.90	\$ 185.04	\$ 370.11	\$ 555.14	\$ 311.92	\$ 463.70
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 15.14	\$ 33.73	\$ 48.53	\$ 15.14	\$ 33.73	\$ 48.53	\$ 33.73	\$ 48.53
VISION:								
Opti-Vision Discount Plan	\$ 0.20	\$ 0.20	\$ 0.20	\$ 0.20	\$ 0.20	\$ 0.20	\$ 0.20	\$ 0.20

LIFE INSURANCE**		Optional Life Insurance per \$1,000 coverage	
Dependent Life Insurance		Age	100% Monthly Rates
\$2,000/\$1,000/\$100	\$0.330	<30	\$0.046
\$4,000/\$2,000/\$100	\$0.664	25-29	\$0.052
\$10,000/\$5,000/\$100	\$1.641	30-34	\$0.064
		35-39	\$0.070
		40-44	\$0.076
Basic Term Life Insurance		45-49	\$0.106
		50-54	\$0.155
		55-59	\$0.277
		60-64	\$0.417
		65-69	\$0.788
per \$1,000 coverage	\$0.162		

To determine your total monthly premium, enter the costs for each of your plans

Medical	\$ _____
Prescription	\$ _____
Dental	\$ _____
Vision	\$ _____
Basic Life ³	\$ _____
Dep Life ³	\$ _____
Opt Life ³	\$ _____
TOTAL	\$ <u>0.00</u>

1 Non-Medicare and Medicare Split rates apply when (at least) one member is Medicare eligible and (at least) one member is non-Medicare eligible. Proof of under age 65 Medicare is required.

2 Only available to retirees who are currently enrolled in the CareFirst BCBS Indemnity Plan (closed to new members). Prescription (Rx) plans (High and Standard Options) are not available to Indemnity Plan participants.

3 Basic Life only available to eligible retirees (not surviving dependents). Optional and Dependent Life insurance are only available to Retirees who had coverage as of the day prior to retirement. Optional and Dependent Life can only be maintained or cancelled completely.

RETIREE GROUP INSURANCE RATES

45% Cost Share

Effective January 1, 2014

HEALTH PLANS	Non-Medicare			Medicare Only			Non-Medicare & Medicare Split ¹	
	Self	Self + 1	Family	Self	Self + 1	Family	Self + 1	Family
	45%	45%	45%	45%	45%	45%	45%	45%
MEDICAL:								
CareFirst High Option POS (medical only)	\$ 218.43	\$ 377.85	\$ 636.22	\$ 117.69	\$ 218.13	\$ 242.54	\$ 277.11	\$ 535.49
CareFirst Standard Option POS (medical only)	\$ 203.13	\$ 351.40	\$ 591.69	\$ 109.46	\$ 202.87	\$ 225.56	\$ 257.72	\$ 498.02
UnitedHealthcare Select HMO (medical only)	\$ 197.39	\$ 379.45	\$ 603.23	\$ 173.61	\$ 354.07	\$ 561.92	\$ 355.68	\$ 579.46
Kaiser HMO (medical with Rx)	\$ 231.60	\$ 435.41	\$ 685.53	\$ 145.11	\$ 290.23	\$ 435.34	\$ 348.92	\$ 599.04
CareFirst Indemnity (medical with Rx discount) ²	\$ 436.82	\$ 930.38	\$ 1,395.64	\$ 225.54	\$ 469.55	\$ 582.17	\$ 719.10	\$ 1,184.36
PRESCRIPTION:								
Caremark Standard Option \$10/\$20/\$35	\$ 57.75	\$ 106.83	\$ 165.55	\$ 71.45	\$ 142.90	\$ 214.35	\$ 120.53	\$ 179.25
Caremark High Option \$5/\$10	\$ 150.53	\$ 278.50	\$ 431.58	\$ 186.63	\$ 373.28	\$ 559.90	\$ 314.60	\$ 467.68
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 15.48	\$ 34.49	\$ 49.64	\$ 15.48	\$ 34.49	\$ 49.64	\$ 34.49	\$ 49.64
VISION:								
Opti-Vision Discount Plan	\$ 0.21	\$ 0.21	\$ 0.21	\$ 0.21	\$ 0.21	\$ 0.21	\$ 0.21	\$ 0.21

LIFE INSURANCE**		Optional Life Insurance per \$1,000 coverage	
Dependent Life Insurance		Age	100% Monthly Rates
\$2,000/\$1,000/\$100	\$0.337	<30	\$0.046
\$4,000/\$2,000/\$100	\$0.679	25-29	\$0.052
\$10,000/\$5,000/\$100	\$1.679	30-34	\$0.064
		35-39	\$0.070
		40-44	\$0.076
Basic Term Life Insurance		45-49	\$0.106
		50-54	\$0.155
		55-59	\$0.277
		60-64	\$0.417
		65-69	\$0.788
per \$1,000 coverage	\$0.166		

To determine your total monthly premium, enter the costs for each of your plans

Medical	\$ _____
Prescription	\$ _____
Dental	\$ _____
Vision	\$ _____
Basic Life ³	\$ _____
Dep Life ³	\$ _____
Opt Life ³	\$ _____
TOTAL	\$ <u>0.00</u>

1 Non-Medicare and Medicare Split rates apply when (at least) one member is Medicare eligible and (at least) one member is non-Medicare eligible. Proof of under age 65 Medicare is required.

2 Only available to retirees who are currently enrolled in the CareFirst BCBS Indemnity Plan (closed to new members). Prescription (Rx) plans (High and Standard Options) are not available to Indemnity Plan participants.

3 Basic Life only available to eligible retirees (not surviving dependents). Optional and Dependent Life insurance are only available to Retirees who had coverage as of the day prior to retirement. Optional and Dependent Life can only be maintained or cancelled completely.

RETIREE GROUP INSURANCE RATES

46% Cost Share

Effective January 1, 2014

HEALTH PLANS	Non-Medicare			Medicare Only			Non-Medicare & Medicare Split ¹	
	Self	Self + 1	Family	Self	Self + 1	Family	Self + 1	Family
	46%	46%	46%	46%	46%	46%	46%	46%
MEDICAL:								
CareFirst High Option POS (medical only)	\$ 223.28	\$ 386.24	\$ 650.36	\$ 120.31	\$ 222.98	\$ 247.93	\$ 283.27	\$ 547.39
CareFirst Standard Option POS (medical only)	\$ 207.65	\$ 359.20	\$ 604.84	\$ 111.89	\$ 207.38	\$ 230.58	\$ 263.45	\$ 509.08
UnitedHealthcare Select HMO (medical only)	\$ 201.77	\$ 387.89	\$ 616.63	\$ 177.47	\$ 361.94	\$ 574.41	\$ 363.58	\$ 592.33
Kaiser HMO (medical with Rx)	\$ 236.74	\$ 445.08	\$ 700.76	\$ 148.34	\$ 296.68	\$ 445.01	\$ 356.67	\$ 612.36
CareFirst Indemnity (medical with Rx discount) ²	\$ 446.53	\$ 951.05	\$ 1,426.65	\$ 230.55	\$ 479.98	\$ 595.11	\$ 735.08	\$ 1,210.67
PRESCRIPTION:								
Caremark Standard Option \$10/\$20/\$35	\$ 59.03	\$ 109.20	\$ 169.23	\$ 73.04	\$ 146.08	\$ 219.12	\$ 123.21	\$ 183.24
Caremark High Option \$5/\$10	\$ 151.81	\$ 280.87	\$ 435.26	\$ 188.22	\$ 376.46	\$ 564.67	\$ 317.28	\$ 471.67
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 15.83	\$ 35.26	\$ 50.74	\$ 15.83	\$ 35.26	\$ 50.74	\$ 35.26	\$ 50.74
VISION:								
Opti-Vision Discount Plan	\$ 0.21	\$ 0.21	\$ 0.21	\$ 0.21	\$ 0.21	\$ 0.21	\$ 0.21	\$ 0.21

LIFE INSURANCE**		Optional Life Insurance per \$1,000 coverage	
Dependent Life Insurance		Age	100% Monthly Rates
\$2,000/\$1,000/\$100	\$0.345	<30	\$0.046
\$4,000/\$2,000/\$100	\$0.694	25-29	\$0.052
\$10,000/\$5,000/\$100	\$1.716	30-34	\$0.064
		35-39	\$0.070
		40-44	\$0.076
Basic Term Life Insurance		45-49	\$0.106
		50-54	\$0.155
		55-59	\$0.277
		60-64	\$0.417
		65-69	\$0.788
per \$1,000 coverage	\$0.170		

To determine your total monthly premium, enter the costs for each of your plans

Medical	\$ _____
Prescription	\$ _____
Dental	\$ _____
Vision	\$ _____
Basic Life ³	\$ _____
Dep Life ³	\$ _____
Opt Life ³	\$ _____
TOTAL	\$ <u>0.00</u>

1 Non-Medicare and Medicare Split rates apply when (at least) one member is Medicare eligible and (at least) one member is non-Medicare eligible. Proof of under age 65 Medicare is required.

2 Only available to retirees who are currently enrolled in the CareFirst BCBS Indemnity Plan (closed to new members). Prescription (Rx) plans (High and Standard Options) are not available to Indemnity Plan participants.

3 Basic Life only available to eligible retirees (not surviving dependents). Optional and Dependent Life insurance are only available to Retirees who had coverage as of the day prior to retirement. Optional and Dependent Life can only be maintained or cancelled completely.

RETIREE GROUP INSURANCE RATES

48% Cost Share

Effective January 1, 2014

HEALTH PLANS	Non-Medicare			Medicare Only			Non-Medicare & Medicare Split ¹	
	Self	Self + 1	Family	Self	Self + 1	Family	Self + 1	Family
	48%	48%	48%	48%	48%	48%	48%	48%
MEDICAL:								
CareFirst High Option POS (medical only)	\$ 232.99	\$ 403.04	\$ 678.63	\$ 125.54	\$ 232.68	\$ 258.71	\$ 295.59	\$ 571.19
CareFirst Standard Option POS (medical only)	\$ 216.68	\$ 374.82	\$ 631.14	\$ 116.76	\$ 216.40	\$ 240.60	\$ 274.90	\$ 531.22
UnitedHealthcare Select HMO (medical only)	\$ 210.55	\$ 404.75	\$ 643.44	\$ 185.19	\$ 377.67	\$ 599.39	\$ 379.39	\$ 618.09
Kaiser HMO (medical with Rx)	\$ 247.04	\$ 464.43	\$ 731.23	\$ 154.79	\$ 309.58	\$ 464.36	\$ 372.18	\$ 638.98
CareFirst Indemnity (medical with Rx discount) ²	\$ 465.94	\$ 992.40	\$ 1,488.68	\$ 240.57	\$ 500.85	\$ 620.98	\$ 767.04	\$ 1,263.31
PRESCRIPTION:								
Caremark Standard Option \$10/\$20/\$35	\$ 61.60	\$ 113.95	\$ 176.59	\$ 76.21	\$ 152.43	\$ 228.64	\$ 128.57	\$ 191.20
Caremark High Option \$5/\$10	\$ 154.38	\$ 285.62	\$ 442.62	\$ 191.39	\$ 382.81	\$ 574.19	\$ 322.64	\$ 479.63
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 16.52	\$ 36.79	\$ 52.94	\$ 16.52	\$ 36.79	\$ 52.94	\$ 36.79	\$ 52.94
VISION:								
Opti-Vision Discount Plan	\$ 0.22	\$ 0.22	\$ 0.22	\$ 0.22	\$ 0.22	\$ 0.22	\$ 0.22	\$ 0.22

LIFE INSURANCE**		Optional Life Insurance per \$1,000 coverage	
Dependent Life Insurance		Age	100% Monthly Rates
\$2,000/\$1,000/\$100	\$0.360	<30	\$0.046
\$4,000/\$2,000/\$100	\$0.724	25-29	\$0.052
\$10,000/\$5,000/\$100	\$1.790	30-34	\$0.064
		35-39	\$0.070
		40-44	\$0.076
Basic Term Life Insurance		45-49	\$0.106
		50-54	\$0.155
		55-59	\$0.277
		60-64	\$0.417
		65-69	\$0.788
per \$1,000 coverage	\$0.177		

To determine your total monthly premium, enter the costs for each of your plans

Medical	\$ _____
Prescription	\$ _____
Dental	\$ _____
Vision	\$ _____
Basic Life ³	\$ _____
Dep Life ³	\$ _____
Opt Life ³	\$ _____
TOTAL	\$ 0.00

1 Non-Medicare and Medicare Split rates apply when (at least) one member is Medicare eligible and (at least) one member is non-Medicare eligible. Proof of under age 65 Medicare is required.

2 Only available to retirees who are currently enrolled in the CareFirst BCBS Indemnity Plan (closed to new members). Prescription (Rx) plans (High and Standard Options) are not available to Indemnity Plan participants.

3 Basic Life only available to eligible retirees (not surviving dependents). Optional and Dependent Life insurance are only available to Retirees who had coverage as of the day prior to retirement. Optional and Dependent Life can only be maintained or cancelled completely.

RETIREE GROUP INSURANCE RATES

50% Cost Share

Effective January 1, 2014

HEALTH PLANS	Non-Medicare			Medicare Only			Non-Medicare & Medicare Split ¹	
	Self	Self + 1	Family	Self	Self + 1	Family	Self + 1	Family
	50%	50%	50%	50%	50%	50%	50%	50%
MEDICAL:								
CareFirst High Option POS (medical only)	\$ 242.70	\$ 419.83	\$ 706.91	\$ 130.77	\$ 242.37	\$ 269.49	\$ 307.91	\$ 594.99
CareFirst Standard Option POS (medical only)	\$ 225.71	\$ 390.44	\$ 657.44	\$ 121.62	\$ 225.42	\$ 250.63	\$ 286.36	\$ 553.35
UnitedHealthcare Select HMO (medical only)	\$ 219.32	\$ 421.62	\$ 670.26	\$ 192.91	\$ 393.41	\$ 624.36	\$ 395.20	\$ 643.84
Kaiser HMO (medical with Rx)	\$ 257.33	\$ 483.79	\$ 761.70	\$ 161.24	\$ 322.48	\$ 483.71	\$ 387.69	\$ 665.61
CareFirst Indemnity (medical with Rx discount) ²	\$ 485.36	\$ 1,033.76	\$ 1,550.71	\$ 250.60	\$ 521.72	\$ 646.86	\$ 799.00	\$ 1,315.95
PRESCRIPTION:								
Caremark Standard Option \$10/\$20/\$35	\$ 64.17	\$ 118.70	\$ 183.95	\$ 79.39	\$ 158.78	\$ 238.17	\$ 133.93	\$ 199.17
Caremark High Option \$5/\$10	\$ 156.95	\$ 290.37	\$ 449.98	\$ 194.57	\$ 389.16	\$ 583.72	\$ 328.00	\$ 487.60
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 17.21	\$ 38.33	\$ 55.15	\$ 17.21	\$ 38.33	\$ 55.15	\$ 38.33	\$ 55.15
VISION:								
Opti-Vision Discount Plan	\$ 0.23	\$ 0.23	\$ 0.23	\$ 0.23	\$ 0.23	\$ 0.23	\$ 0.23	\$ 0.23

LIFE INSURANCE**		Optional Life Insurance per \$1,000 coverage	
Dependent Life Insurance		Age	100% Monthly Rates
\$2,000/\$1,000/\$100	\$0.375	<30	\$0.046
\$4,000/\$2,000/\$100	\$0.754	25-29	\$0.052
\$10,000/\$5,000/\$100	\$1.865	30-34	\$0.064
		35-39	\$0.070
		40-44	\$0.076
Basic Term Life Insurance		45-49	\$0.106
		50-54	\$0.155
		55-59	\$0.277
		60-64	\$0.417
		65-69	\$0.788

To determine your total monthly premium, enter the costs for each of your plans

Medical	\$ _____
Prescription	\$ _____
Dental	\$ _____
Vision	\$ _____
Basic Life ³	\$ _____
Dep Life ³	\$ _____
Opt Life ³	\$ _____
TOTAL	\$ <u>0.00</u>

1 Non-Medicare and Medicare Split rates apply when (at least) one member is Medicare eligible and (at least) one member is non-Medicare eligible. Proof of under age 65 Medicare is required.

2 Only available to retirees who are currently enrolled in the CareFirst BCBS Indemnity Plan (closed to new members). Prescription (Rx) plans (High and Standard Options) are not available to Indemnity Plan participants.

3 Basic Life only available to eligible retirees (not surviving dependents). Optional and Dependent Life insurance are only available to Retirees who had coverage as of the day prior to retirement. Optional and Dependent Life can only be maintained or cancelled completely.

MONTGOMERY COUNTY RETIREE GROUP HEALTH PLAN & LIFE RATES
Effective January 1, 2014

HEALTH PLANS	Non-Medicare 100% Monthly Rates ¹			Medicare 100% Monthly Rates ¹			Non-Medicare & Medicare Split Rates ^{1,3}	
	SELF	SELF+1	FAMILY	SELF	SELF+1	FAMILY		
MEDICAL:							SELF+1	FAMILY
Carefirst High Option POS (medical only)	\$485.39	\$839.66	\$1,413.82	\$261.54	\$484.74	\$538.98	\$615.81	\$1,189.97
Carefirst Standard Option POS (medical only)	\$451.41	\$780.88	\$1,314.87	\$243.24	\$450.83	\$501.25	\$572.71	\$1,106.70
UnitedHealthcare Select HMO (medical only)	\$438.64	\$843.23	\$1,340.51	\$385.81	\$786.82	\$1,248.72	\$790.40	\$1,287.68
Kaiser HMO (medical with Rx)	\$514.66	\$967.57	\$1,523.40	\$322.47	\$644.95	\$967.42	\$775.38	\$1,331.21
Carefirst Indemnity (medical with Rx discount) ²	\$970.71	\$2,067.51	\$3,101.42	\$501.19	\$1,043.44	\$1,293.71	\$1,597.99	\$2,631.90
PRESCRIPTION DRUG:								
Caremark High Option \$5/\$10 Rx Plan	\$221.11	\$409.07	\$633.92	\$273.96	\$547.94	\$821.89	\$461.92	\$686.77
Caremark Standard Option \$10/\$20/\$35 Rx Plan	\$128.33	\$237.40	\$367.89	\$158.78	\$317.56	\$476.34	\$267.85	\$398.34
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$34.41	\$76.65	\$110.30	\$34.41	\$76.65	\$110.30	\$76.65	\$110.30
VISION:								
Discount Vision Plan	\$0.46	\$0.46	\$0.46	\$0.46	\$0.46	\$0.46	\$0.46	\$0.46

LIFE INSURANCE		100% Monthly Rates ¹	Optional Life Insurance (per \$1,000 coverage)	
			AGE	100% Monthly Rates ¹
			<25	\$0.046
Dependent Life Insurance			25-29	\$0.052
\$2,000/\$1,000/\$100		\$0.749	30-34	\$0.064
\$4,000/\$2,000/\$100		\$1.508	35-39	\$0.070
\$10,000/\$5,000/\$100		\$3.775	40-44	\$0.076
			45-49	\$0.106
Term Life Insurance (per \$1,000 coverage)		\$0.369	50-54	\$0.155
			55-59	\$0.277
			60-64	\$0.417
			65-69	\$0.788

NOTES:

1 To determine your monthly rates, multiply the cost share factor shown on your election form by the 100% monthly rate amount for your plan and coverage.

2 Only available to retirees who are currently enrolled in the Carefirst Indemnity Plan. Caremark Rx plans are not available to Indemnity Plan participants other than the discount card.

3 Medicare/Non Medicare Split Rates apply when (at least) one member is Medicare Eligible and (at least) one member is Non-Medicare Eligible. Proof of under age 65 Medicare is required.